

WV Health Innovation Collaborative
Better Health and Better Care Work Group
Meeting Notes
September 22, 2016

Present: Nancy Sullivan, DHHR
Anne Williams, DHHR/Bureau for Public Health
Joshua Austin, WVU
Christina Mullins, DHHR/Bureau for Public Health/Office of Maternal, Child and Family Health
Becky King, Our Babies: Safe and Sound
Eileen Barker, Our Babies: Safe and Sound
Christine DiRenzo, PEIA
Sharon Carte, WVCHIP
Janine Breyel, WV Perinatal Partnership

On Phone: Crystal Welch, WV Medicaid Institute
Chris Budig, WV Telehealth Alliance
Bruce Adkins, DHHR/Bureau for Public Health
Ted Cheatham, PEIA
DeeAnn Price, DHHR/Bureau for Medical Services
Debbie Gillispie, Juvenile Services
Lesley Cottrell, WVU
Tracy Deloit, UniCare
David Rapp, Wheeling Hospital
Vicky Jones, DHHR/Bureau for Health and Health Facilities
Julie Palas, Tiger Morton Catastrophic Illness Commission/Women's Commission
Drema Mace, Mid-Ohio Valley Health Department
Nikki Tennis, Supreme Court of Appeals
Jim Becker, DHHR/Medicaid - Marshall University
Mark Drennan, WV Behavioral Health Providers Association
Jeremiah Samples, DHHR

Update – State Health Planning

- An article published in the WV Medical Journal on the SIM Plan - Josh will send an email link to Deb Waller and she will distribute to the Collaborative. Hard copies were available at the meeting.
- Working on Stakeholder Engagement – Wants to include grass root organizations. They might not have been involved in the initial process. They have identified 10 or 12 local groups, but there are more out there doing great things in their communities. If you have any groups to include, share with Josh at 304-400-8300 or jaustin3@hsc.wvu.edu or Deb Waller.

Overview of the Three Branch Initiative – Nancy Sullivan

- Shared the Core Team members
- Shared the challenges in WV:
 - The entry rate for foster care is 8.6 percent, the highest rate in the US
 - Child maltreatment victims are under one year of age
 - In 2013, the highest percentage of maltreatment of children was neglect
 - In 2013, median length of stay in foster care was 9.7 months.
 - WV is one of four states where less than 40 percent of the children legally available were adopted in less than 12 months.
 - In 2013, child fatalities were at their highest in four years at 17, a rate of 4.5 per 100,000.
- In 2014, the DHHR Bureau for Children and Families established an internal child fatality review team to review incidents involving families who have a prior history with the bureau. In the 2015 Report on Child Fatalities Due to Abuse or Neglect in WV, the fatality rate was seven, a decrease from the prior year of 17.
- The findings of the critical incident review team were shared with the group.
- Three Branch Institute Intended Outcomes:
 - All children and families at risk have access to evidence-based prevention and early intervention services.
 - All children and families are identified at earliest signs of risk. Children under one year old are given high priority.
 - The State has a comprehensive, multi-agency plan to prevent child maltreatment deaths.

Question and answer period followed.

Ms. Sullivan introduced Christina Mullins, Director of the Office of Maternal, Child and Family Health. Ms. Mullins will be presented on what the Bureau for Public Health is doing on Safe Sleep which is a big part of the Three Branch Initiative.

- Safe sleep is a significant risk factor in WV's infant mortality rate. Of more than 4500 sudden, unexpected infant deaths each year in the US, as many as 80-90% are the result of unsafe sleep practices.
- An infant's risk of dying is up to 40 times greater while sleeping in an adult bed.
- In West Virginia in 2013, of the 38 infants who died and the cause of death was recorded as SUID 20 were found to be co-sleeping/bed sharing; 33 were found with hazardous bedding; 12 were found sleeping on their stomachs or side; 23 mothers had smoked during pregnancy; and 30 lived in a home with tobacco smoke.
- The Office of Maternal, Child and Family Health selected safe sleep as one of their Title V Block Grant National Performance Measures.
- The Office is leading a workgroup within the Secretary's Three Branch Initiative that will address safe sleep.
- Strategies:
 - Work with hospitals.
 - Mail sleep materials to all families with a birth record.
 - Utilize evidence-based curriculums to educate families during home visits.
 - Provide financial support for "Our Babies: Safe and Sound" campaign.
 - Work to provide Pack 'n Play portable cribs to families who cannot afford a safe place for their babies to sleep.

- Attend Community Baby Showers to provide one-on-one education to expectant mothers.
- Accomplishments:
 - Infant Safe Sleep Month was planned and held during the month of September.
 - Planned and convened four regional trainings for home visitation staff, the ABCs of Infant Safety.

A question and answer period followed:

Ms. Sullivan introduced Becky King and Eileen Barker, Co-Coordination for the Our Babies: Safe and Sound Initiative.

- Under TEAM for WV Children's Umbrella. Designed and researched the campaign in 2014. Ms. King shared the funding. Also have a 16 member advisory panel of experts.
- The campaign is focused on two issues:
 - Infant Safe Sleep
 - Shaken Baby Syndrome/Abusive Head Trauma Prevention
- Overall Goal: Help prevent injury and death on WV Infants
- AAP Research and Guidance
- The First Lady is a very visible champion.
- National, State and community level partnerships
- Consistent and repetitive messaging – key success factor for the campaign
- 250 community partners across the state use campaign materials for education purposes
- Hospital/Home Visitation Program Initiative – with expanded partners
 - Say YES to Safe Sleep for Babies – piloted in 2014. There are 12 hospitals and 22 corresponding home visitation program. Two expansion phases in 2015 and 2016. This program has the potential to reach 91% of all births in WV.
 - Keep Your Cool and Period of PURPLE Crying
- Five month contract with WV Public Broadcasting
- WV Snapshot:
 - 38 deaths attributed to sudden unexpected infant death in WV in 2013 – WV Vital Statistics
 - Bed sharing/co-sleeping and hazardous bedding are key factors
 - Suffocation and strangulation in an adult bed or other unsafe sleeping surface is the leading cause of injury-related death for WV infants under age 1
 - Risk of sleeping-related infant death is 40 times higher for babies who sleep in adult beds compared to babies who sleep in their own cribs.
- Ms. Barker shared Process and Outcome Evaluation Results of First Year Pilot Phase
- Process Evaluation Results:
 - Importance of hospital staff and nurses and the home visitation programs.
 - Training is always the same for everyone.
 - Multi-mobile learning approaches for staff and caregivers works best.
 - Involvement /support of the First Lady was extremely helpful.
 - Safe Sleep educators reported generally high level of support: technical assistance and access to materials/tools
 - Type and intensity of relation between hospitals and home visitation programs varies among regions.
 - Follow-up and reinforcement of safe sleep practices after babies discharged from hospital needs strengthened/expanded to reach more families.

- Outcomes Evaluation Results
 - Looked at 82 parents discharged from 6 hospitals.
 - Looked at 66 other parents enrolled in Right From the Start
 - Say YES to Safe Sleep for Babies education effective in conveying safe sleep practices to nearly 100% of parents/caregivers exposed to teachings.
 - Over 90% of parents/caregivers provided with information able to correctly answer questions about infant safe sleep practices.
 - 15% of parents/caregivers do not fully agree with some practices encouraged through the Say YES initiative.
 - Based on observations of Right From the Start staff in client homes at 2 months post-partum, 10% - 14% of infants in evaluation cohort appear to be “at risk”.
 - Shared their educational materials with the group. Materials are free and focus on the positive!
 - For tools, materials, and resources, go to www.safesoundbabies.com
- Future Directions
 - Continue expansion of Say YES to all WV birthing hospitals and home visitation programs. Have six more hospitals to go.
 - Achieve national Cribs for Kids Safe Sleep Hospital Certification by all partnering hospitals.
 - Keep provider tools and parent materials updated as AAP guidance is revised.
 - Partner with other health care providers and childcare centers.
 - Gain insights about successes/challenges through ongoing data analysis – continue to collect benchmark data.
 - Maintain and expand support to make parent materials and educator training and technical assistance available at no or minimal cost.

A question and answer period followed.

Ms. Sullivan thanked everyone for presenting today to the work groups. She shared with the group some upcoming meetings.

- October 27, 2016 – WVHIC Quarterly Meeting - Report from our Complex Care Needs Initiative – partners will be reporting on work they have done so far – NGA Initiative
- Dec 7 - Casey Family Foundation is doing a one day seminar on trauma informed care. NGA will be coming for their Three Branch visit